

COMBINED DECLARATION FOR PATENT
APPLICATION AND POWER OF ATTORNEY
(Includes Reference to PCT International Applications)

JAN 11 2002

ATTORNEY'S DOCKET NUMBER
22221/1030 (RU-339CIP)

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**ENZYMES DERIVED FROM THERMOPHILIC ORGANISMS THAT FUNCTION AS A CHROMOSOMAL
REPLICASE, PREPARATION AND USE THEREOF**

the specification of which (check only one item below):

- ☐ is attached hereto.
- ☒ was filed as U.S. Patent Application Serial No. **09/716,964** on **November 21, 2000** and was amended on _____ (if applicable).
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COUNTRY (IF PCT, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119
United States	60/143,202	8-APRIL-1997	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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U.S. APPLICATION NUMBER	U.S. FILING DATE	PATENTED	PENDING	ABANDONED	
09/057,416	April 8, 1998		X		
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Send Correspondence to:

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NIXON PEABODY LLP
Clinton Square, P.O. Box 31051
Rochester, New York 14603**

Direct Telephone Calls to:
(name and telephone number)
**Michael L. Goldman
(716) 263-1304**

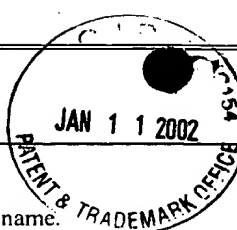
2 0 1	FULL NAME OF INVENTOR	FAMILY NAME O'Donnell	FIRST GIVEN NAME Michael	SECOND GIVEN NAME E.
	RESIDENCE & CITIZENSHIP	CITY Hastings-on-Hudson	STATE/FOREIGN COUNTRY New York	COUNTRY OF CITIZENSHIP United States
	POST OFFICE ADDRESS	P.O. ADDRESS 16 Maple Lane	CITY Hastings-on-Hudson	STATE & ZIP CODE/CTRY New York 10706/USA
2 0 2	FULL NAME OF INVENTOR	FAMILY NAME Yuzhakov	FIRST GIVEN NAME Alexander	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY Belmont	STATE/FOREIGN COUNTRY Massachusetts	COUNTRY OF CITIZENSHIP Russia
	POST OFFICE ADDRESS	P.O. ADDRESS 24 Clyde Street	CITY Belmont	STATE & ZIP CODE/CTRY Massachusetts 02478/USA
2 0 3	FULL NAME OF INVENTOR	FAMILY NAME Yurieva	FIRST GIVEN NAME Olga	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY New York	STATE/FOREIGN COUNTRY New York	COUNTRY OF CITIZENSHIP Russia
	POST OFFICE ADDRESS	P.O. ADDRESS 430 East 63rd Str., Apt. 3G	CITY New York	STATE & ZIP CODE/CTRY New York 10021/USA
2 0 4	FULL NAME OF INVENTOR	FAMILY NAME Jeruzalmi	FIRST GIVEN NAME David	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY New York	STATE/FOREIGN COUNTRY New York	COUNTRY OF CITIZENSHIP United States
	POST OFFICE ADDRESS	P.O. ADDRESS 1161 York Avenue, #111	CITY New York	STATE & ZIP CODE/CTRY New York 10021/USA
2 0 5	FULL NAME OF INVENTOR	FAMILY NAME Bruck	FIRST GIVEN NAME Irina	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY New York	STATE/FOREIGN COUNTRY New York	COUNTRY OF CITIZENSHIP United States
	POST OFFICE ADDRESS	P.O. ADDRESS 1161 York Avenue, Apt. 11M	CITY New York	STATE & ZIP CODE/CTRY New York 10021/USA
2 0 6	FULL NAME OF INVENTOR	FAMILY NAME Kuriyan	FIRST GIVEN NAME John	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY Berkeley	STATE/FOREIGN COUNTRY California	COUNTRY OF CITIZENSHIP United States
	POST OFFICE ADDRESS	P.O. ADDRESS 936 Oxford Street	CITY Berkeley	STATE & ZIP CODE/CTRY California 94707/USA

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statement may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203
DATE	DATE	DATE
SIGNATURE OF INVENTOR 204	SIGNATURE OF INVENTOR 205	SIGNATURE OF INVENTOR 206
DATE	DATE	DATE <i>John Kuningan</i> 12/27/01

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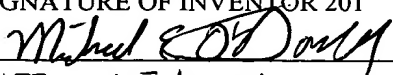
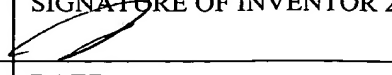
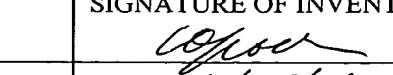

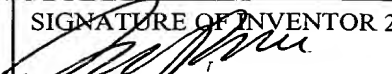
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Rochester, New York 14603**

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**Michael L. Goldman
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201	FULL NAME OF INVENTOR	FAMILY NAME O'Donnell	FIRST GIVEN NAME Michael	SECOND GIVEN NAME E.
	RESIDENCE & CITIZENSHIP	CITY Hastings-on-Hudson	STATE/FOREIGN COUNTRY New York	COUNTRY OF CITIZENSHIP United States
	POST OFFICE ADDRESS	P.O. ADDRESS 16 Maple Lane	CITY Hastings-on-Hudson	STATE & ZIP CODE/CTRY New York 10706/USA
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204	FULL NAME OF INVENTOR	FAMILY NAME Jeruzalmi	FIRST GIVEN NAME David	SECOND GIVEN NAME
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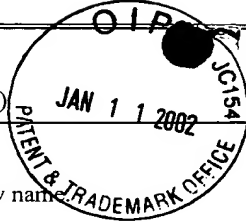
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	POST OFFICE ADDRESS	P.O. ADDRESS 25 Bayrd Street	CITY Malden	STATE & ZIP CODE/CTRY Massachusetts 02148/USA
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SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202 <i>Alexander K. L. L.</i>	SIGNATURE OF INVENTOR 203
DATE	DATE <i>11/26/2001</i>	DATE
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